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# **2001 RURAL SERVICE DELIVERY PARTNERSHIP EVALUATION SURVEY**

## **FACILITY SURVEY REPORT**

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## **1. Background**

The 2001 Rural Service Delivery Partnership (RSDP) Evaluation Survey was designed to evaluate the performance of the RSDP program in delivering an Essential Service Package (ESP) of primary health care interventions. These interventions were provided through a network of static clinics and satellite clinics and depotholders aimed at underserved rural populations of Bangladesh. The survey collected information from 12,747 women – 9,625 in rural areas which the program described as their catchment areas and 1,780 women in rural non-catchment comparison areas. Women reported information on fertility and birth histories, awareness and use of family planning and reproductive health services and use of basic child health services. Data were also collected from community and village leaders on the presence of different types of health providers, including government hospitals and clinics, RSDP facilities, nongovernmental and private clinics, pharmacies, and private and traditional doctors, that serve their communities. From these community surveys, facilities were identified for more complete interviews, in which data were collected on staffing, service availability, age, equipment availability and stockouts, and supervision.

The facility survey had two principal objectives:

- To define the service supply environment for populations in the 2001 RSDP Evaluation Survey in order to examine the choices that women make in deciding whether or not to use health services.
- To permit comparisons in quality, size and efficiency among the different types of health facilities that are available to the study population.

## 2. Methodology

A detailed protocol was employed for collecting the community, facility and satellite clinic information. During household-listing visits to communities, listing teams identified 3-6 community respondents who could be interviewed in a group for the village/mohalla questionnaire. It was intended that the community respondents include at least one educator, at least one female community leader and several local government officials.

During the village/mohalla interview, respondents identified the different sources of health services known to be available in the area and obtained approximate distances from the communities to the health service sources. After the village/mohalla questionnaire was completed, a list of facilities form was completed for the cluster. The facility survey teams in the cluster then visited the RSDP static clinic in the cluster and asked the facility manager to review the map of the thana depicting the location of the static clinic and the catchment area. In general, this map also showed other health facilities in the thana. The survey team compared the list of facilities identified by the community respondents to the facilities presented in the thana map to identify facilities that were not mentioned by the community respondents but that were located in the thana. The additional information was used to complete the list of facilities. A list of facilities was prepared for every cluster.

The procedure to identify the relevant facilities and the selection for the facility survey varied according to the type of facility:

For *Hospitals*, the closest in a thana was identified. If it was within 30 kilometers, it was visited.

Each *Thana Health Complex* in a thana was visited regardless of distance. If there was a closer Thana Health Complex located in a different thana, it was also visited, if mentioned in the Village/Mohalla questionnaire.

For *Maternal and Child Welfare Centers (MCWCs)*, and *Family Welfare Centers (FWCs)*, the closest of each type was identified. If the closest facility was located in a different mohalla than the cluster, then the facility in the cluster's mohalla was also identified. A maximum of two facilities for each type could be identified and selected for the facility survey visit. For FWCs, the closest one regardless of the distance to the cluster was visited. For MCWC, the closest one was visited if the distance was less than 10 km.

One *RSDP static clinic* was identified per cluster (in intervention areas) and visited regardless of distance.

For *Private clinics*, *Other NGO clinics*, and *GOB Community Clinics*, all those known to be available to the people in the cluster (up to a maximum of four for each type) were obtained, including names and approximate distances. The nearest three of each type were visited, unless they were beyond 10 kilometers.



For *Satellite Clinics* (RSDP, other NGO or Government), all satellite clinics known to be available or that provide services in the cluster were identified with their names and approximate distances. All satellite clinics located within 1 mile from the cluster were selected as those to be visited by facility survey teams. If none were located within 1 mile, the closest of each type (NIPHP, other NGO or Government) was visited regardless of distance.

For *Pharmacies, private allopathic doctors, homeopathic doctors and traditional doctors/village practitioners/ayurvedic/unani doctors*, there was a set of questions in the village/mohalla questionnaire to identify their presence and number in the surrounding area. The distance to the closest one of each type was recorded. However, these were not selected for the facility survey visit.

For *FWAs*, there was a set of questions to identify their presence in the cluster, and the nearest to the cluster was visited.

Table 2.1. provides a summary of the selection strategy.

**Satellite Clinics:** Because the satellite clinic sessions occurred only once per week or once per month, it was unlikely that the timing of the visit by survey teams corresponded to the day that a particular satellite clinic was operating. However, facility survey teams went to the satellite clinic locations and collected information on the physical appearance of the satellite clinic and took GPS coordinates. In most cases, the remainder of the satellite clinic questionnaire was completed elsewhere with the actual satellite clinic worker, either at the static clinic with which the worker is affiliated or the worker's home.

**Health Workers:** Health workers were selected for interview at FWCs, MCWCs, NGO clinics, private clinics, RSDP static clinics, community clinics and rural dispensaries. Only those workers involved in providing ESP services were interviewed. In facilities with fewer than 5 ESP workers, all ESP workers were identified and given the Health Worker Questionnaire. For facilities with 5 or more ESP workers, one of each staff type was identified and given the Health Worker Questionnaire. The lowest level of health worker to be interviewed was the Health Assistant. Clinic Aides were not interviewed.

Table 2.1 Selection of Facilities for Interview

Criteria for selection of health facility types to be interviewed, survey instrument used, and selection of health staff for interview							
	Sources	Frequency	Identified in Community Questionnaire	Number Selected for Interview	Questionnaire	Staff for WORKER Questionnaire	
						Number In post	Number selected for Interview
01	Hospitals	1/district	1-2	closest 1-2, within 30 km	HOSPITAL		0
02	Thana Health Complexes	1/thana	1-2	1-2, at least 1	FACILITY		0
03	FWCs	1/union	1-2	1-2, at least 1	FACILITY	1-2	All
04	MCWCs	1-2/district	1-2	1-2, at least 1	FACILITY	2-3	All
05	NIPHP Static Clinics	1/thana	1-2	1-2, at least 1	FACILITY	4-5	*
06	Private Clinics	several	All	Nearest 3, at least 1 if < 10 kms.	FACILITY	4-5	*
07	Other NGO Clinics	several	All	Nearest 3, at least 1 if < 10 kms.	FACILITY	4-5	*
08	Community Clinics	several	All	Nearest 3, at least 1 if < 10 kms.	FACILITY	1-2	All
09	Rural Dispensaries	several	All	Nearest 3, at least 1 if < 10 kms.	FACILITY	1-2	
10	Satellite Clinics	several	All	All if < 1 mile, at least 1 per type	SATELLITE	1-2	All
11	Depotholders	1/village	All	All if < 1 mile, at least 1	DEPOT-HOLDER	1	1 per village
12	FWV/FWA	several	Special Question	Closest, at least 1 per cluster	WORKER	1	1
	Pharmacies	several	Special Question	No			
	Doctors' Offices (allopathic MBBS)	several	Special Question	No			
	Village Practitioners (homeopathic & ayurvedic/unani)	several	Special Question	No			

\* If number of ESP staff > 5, selected sample of one per type; If number of ESP staff <= 4, all interviewed.

### 3. Facility Questionnaire

Overall, 746 facility interviews were conducted. Of these, 629 were in RSDP areas and 117 were in non-RSDP areas. The largest number of facilities were surveyed in Dhaka division (218). Family Welfare Centres were the most commonly surveyed facilities (181) in RSDP areas, followed by RSDP Static Clinics (130) and Thana Health Centers (126). While the selection algorithm called for at least one RSDP static clinic to be surveyed for each cluster, the proximity of many of the clusters meant that many RSDP static clinics served multiple clusters and therefore fewer interviews were required than the number of clusters.

Table 3.1 Number of Facilities Surveyed by Type and by Division and RSDP/Non-RSDP Areas

Facility	Project Areas					Total	Non-Project Areas
	Chitta-gong	Khulna/Barisal	Dhaka	Rajshahi	Sylhet		
Hospital	5	7	16	14	4	46	2
Thana Health Center	16	13	46	36	15	126	17
Family Welfare Center	22	24	57	50	28	181	56
MCWC	2	3	5	4	3	17	3
RSDP Static Clinic	16	14	46	35	19	130	15
Private Clinic	6	9	17	9	4	45	7
Other NGO Clinic	0	2	8	5	4	19	4
Community Clinic	1	6	5	11	1	24	3
Rural Dispensary	4	3	18	12	4	41	10
Total	72	81	218	176	82	629	117

Many facilities, particularly larger facilities such as hospitals and thana health complexes, serve large areas that often encompass areas delineated as RSDP and non-RSDP. As a result, no distinction is made between RSDP and non-RSDP areas in the presentation below.<sup>1</sup> The principal comparisons are therefore between the different types of facilities – RSDP static clinics versus hospitals, thana health complexes, family welfare centers, etc.

#### *General Information*

General characteristics, such as hours of service, amenities, and infrastructure of the various facility types, were collected in the facility questionnaire and are presented in table 3.2 below. In general, hospitals, THCs, MCWCs, and rural dispensaries have the longest mean times in operation—28, 25, 36 and 36 years, respectively. All of the facilities are open at least 5 days per week for outpatient visits, with private clinics open 7 days per week on average. Private clinics also have the highest percentage of facilities open 24 hours a day, nearly 85%, while 75% of hospitals and nearly 70% of THCs are open 24 hours a day. Hospitals, THCs, MCWCs, and private clinics offer the most inpatient care among all institutions, with 100%, 98%, 90% and 92% of these facilities reporting inpatient services, respectively. In addition, over 90% of surveyed RSDP static

<sup>1</sup> The distinction between facilities in RSDP areas and non-RSDP areas in table 3.1 refers to the clusters where facilities were first identified and assigned identification numbers.

clinics, FWCs and THCs offered outreach programs. Nearly 50% of NGO clinics offer outreach services and the remaining facility types offer these programs at less than 40% of their sites, hospitals being the lowest at 12.5%.

Hospitals (89.6%), THCs (70.6%), and MCWCs (75%) report the highest percentage of facilities maintaining emergency transportation, while only 50% of private clinics offer emergency transport. Of the remaining facility types, only 5% or fewer maintain emergency transport. Hospitals, THCs, private clinics, and MCWCs have the highest percentage of institutions with a telephone, 96%, 90% 89% and 70%, respectively. Very few of the institutions are equipped with radios; only private clinics (33%) and NGO clinics (13%) have radios at over 11% of surveyed sites. Private clinics, MCWCs, NGOs, and RSDP satellite clinics have electricity at the vast majority of surveyed facilities, 100%, 100%, 98%, and 89%, respectively, while there is electricity at less than 50% of the remaining types of surveyed facilities. MCWCs, private clinics, and NGO clinics all have at least 50% of the sites surveyed equipped with a TV in the waiting room; there was one at approximately 43% of RSDP static clinics. Less than 10% of the remaining types surveyed were equipped with a TV.

Over 75% of nearly all facility types surveyed have storage rooms protected from the sun and the rain, with only 74% of NGO clinic facilities and 59% of community clinics offering this protection. Over 75% of all types of facilities have storage rooms that are equipped with shelves, except community clinics (48%).

Table 3.2 Means and percentages of facilities with specified characteristics

Characteristic	Hosp	THC	FWC	MCWC	RSDP Static Clinic	Priv. Clinic	NGO Clinic	Comm. Clinic	Rural Disp.
Age (mean years)	27.8	25.3	15.5	36.5	<b>5.2</b>	4.1	8.4	<1	36.3
Mean Days Open/week	6.2	5.9	5.7	6.0	<b>6.0</b>	7.0	5.3	5.5	5.9
Open 24 hours a day	75.0	69.9	2.1	60.0	<b>5.5</b>	84.6	17.4	3.7	2.0
Inpatient Care	100	97.9	0.8	90.0	<b>10.3</b>	92.3	30.4	0.0	2.0
Outreach Program	12.5	92.3	94.5	30.0	<b>98.6</b>	0.0	47.8	37.0	13.7
Emergency Transport	89.6	70.6	0.8	75.0	<b>1.4</b>	50.0	4.4	0.0	2.0
Telephone	95.8	89.5	0.0	70.0	<b>4.1</b>	88.5	17.4	0.0	0.0
Radio	10.4	10.5	3.8	0.0	<b>10.3</b>	32.7	13.0	0.0	3.9
Electricity	N/A	97.9	40.5	100.0	<b>89.0</b>	100.0	95.7	3.7	31.4
TV in Waiting Room	N/A	7.9	2.1	70.0	<b>43.4</b>	50.0	50.0	0.0	6.3
Storage room protects from rain	N/A	97.2	89.0	95.0	<b>97.9</b>	84.6	73.9	59.3	76.5
sun	N/A	95.6	88.6	95.0	<b>97.9</b>	86.5	73.9	59.3	86.3
Has shelves	N/A	95.1	78.9	80.0	<b>98.6</b>	82.7	86.9	48.1	82.4
N	48	143	237	20	<b>145</b>	52	23	27	51

Water source and processing as well as sterilization procedures were assessed and are presented in table 3.3 below. Community clinics, private clinics, hospitals and MCWCs all report the majority (>50%) of the surveyed sites with a water source within the facility. Only NGO clinics and FWCs report a majority (65.2% and 51%, respectively) of sites with the water source on the grounds. None of the facilities has greater than 20% of sites with a water source outside of the surveyed facilities' grounds. The vast majority of all surveyed facilities use untreated water, with few reporting filtration of water at the site. Only RSDP clinics, private clinics, and NGO clinics report greater than 20% of sites

with filtered water, 38.6%, 36.5%, and 22%, respectively. Virtually none of the facilities surveyed report the use of chlorinated water.

All facilities report the existence of a toilet at the site. There appears to be some overlap of reporting on male, female and unisex toilets, therefore, some of the columns add up to more than 100%. However, the data provide evidence that hospitals are most likely to have separate sex bathrooms, 92% have a male bathroom and 94% have a female bathroom. In addition, nearly 63% of hospitals surveyed report having a unisex bathroom. Both THC's and private clinics report over 80% of surveyed sites with single sex toilets.

The majority of hospitals (66.7%), THC's (68.5%), MCWC's (95%), RSDP clinics (53.1%), and private clinics (76.9%) sterilize equipment with an autoclave, while nearly 57% of FWC's sterilize equipment with a kerosene stove. Less than 25% of all types of facilities report the use of steam at surveyed sites. Interestingly, surveyed NGO clinics, community clinics and rural dispensaries report greater than or nearly equal to 30% of sites using some other form of sterilization and less than 10% of the three using none at all.

Table 3.3 General Facility Characteristics-Water and Sterilization

Characteristic	Hosp.	THC	FWC	MCWC	RSDP Static Clinic	Priv. Clinic	NGO Clinic	Comm. Clinic	Rural Disp.
Water Source									
In Clinic	68.8	53.9	32.0	65.0	49.0	65.3	34.8	85.2	25.6
On Grounds	22.9	42.6	51.1	30.0	47.6	30.8	65.2	7.4	51.2
Outside	8.3	3.5	16.9	5.0	3.4	3.9	0.0	7.4	20.9
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.3
Total	100	100	100	100	100	100	100	100	100
Type of Water									
Filtered	6.3	7.0	2.7	20.0	38.6	36.5	21.7	7.4	2.3
Chlorinated	0.0	.7	.4	5.0	0.0	2.0	0.0	3.7	0.0
Non-treated	93.7	92.3	96.9	75.0	61.4	61.5	78.3	88.9	95.4
Don't Know	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.3
Total	100	100	100	100	100	100	100	100	100
Toilet									
Male	91.7	81.8	48.9	50.0	51.0	80.8	39.1	3.7	21.6
Female	93.8	82.5	48.9	80.0	51.7	82.7	39.1	11.1	21.6
Unisex	62.5	49.7	45.2	65.0	60.7	51.9	73.9	85.2	45.1
Sterilization									
Electric	16.7	7.0	0.8	0.0	5.5	9.6	0.0	0.0	2.0
Autoclave	66.7	68.5	13.1	95.0	53.1	76.9	43.4	7.4	2.0
Steam	14.6	13.3	16.5	5.0	20.7	9.6	13.0	18.5	9.8
Kerosene Stove	2.0	8.4	56.5	0.0	14.5	1.9	0.0	37.0	35.3
Wood Stove	0.0	0.0	1.7	0.0	0.0	0.0	0.0	3.7	5.9
Other	0.0	2.8	9.7	0.0	0.0	1.9	34.8	29.6	39.2
None	0.0	0.0	1.7	0.0	0.0	0.0	8.7	3.7	5.9
Total	100	100	100	100	100	100	100	100	100
N	48	143	237	20	145	52	23	27	51

Mean numbers of patients seen by service offered are presented in table 3.4 below. THC's see the most patients for each type of service offered, excluding inpatients which are seen mainly by hospitals. Family planning services are used to a greater extent at THC's and RSDP clinics, with 1578 and 629 patients seen, respectively. Hospitals, THC's, RSDP clinics and NGO clinics see the most patients on average for maternal health services. THC's see by far the most patients for child health services, 1155 patients on average. Hospitals (2891) and THC's (2120) see the most patients for general health services and THC's (5246); hospitals (4189), RSDP clinics (3416), and MCWC's (1335) see the largest number of clients for outpatient services on average.

Table 3.4 Mean Number of Patients Seen for Particular Services

Service	Hosp	THC	FWC	MCWC	RSDP Static Clinic	Priv. Clinic	Other NGO Clinic	Comm. Clinic	Rural Disp.
Fam Planning	435	1578	183	228	629	16	54	67	32
Mat Health	493	568	73	367	181	63	175	48	46
Child Health	676	1155	138	285	315	64	175	70	123
Gen Health	2891	2120	413	508	395	225	306	159	819
Outpatient	4189	5246	846	1335	1429	358	598	349	977
Inpatients	27438	308	0	34	3416	62	7	0	0
N	48	143	237	20	145	52	23	27	51

Table 3.5 presents data on mean levels of staffing at the various facility types. Hospitals report the highest mean levels of staffing provided by facilities in the survey, except in the area of SACMOs, which have a higher mean level at THC's (2.3). It is apparent from the data presented in the table that, on average, very few FWC's, RSDP clinics, NGO clinics, community clinics, and rural dispensaries have doctors, nurses, trained midwives, or counselors/promoters on staff. These facilities are more likely to have paramedics and/or clinic aids on staff.

Table 3.5 Mean Levels of Staffing (Numbers of Staff)

Characteristic	Hosp	THC	FWC	MCWC	RSDP Static Clinic	Private Clinic	Other NGO Clinic	Comm. Clinic	Rural Disp.
Doctors/M.O.s	21.3	6.1	0.1	2.8	0.2	3.3	0.5	0.0	.3
SACMO/MA	0.4	2.3	0.8	0.0	0.0	0.3	0.0	0.0	.8
Medical Aides	7.0	1.5	0.2	0.7	0.0	1.1	0.3	0.0	.1
Nurses	44.3	8.6	0.0	1.4	0.0	3.3	0.3	0.0	0.0
Trained Midwives	10.5	0.7	0.0	2.0	0.0	0.7	0.0	0.0	0.0
FWVs/Paramd	1.8	3.4	1.0	3.1	3.5	0.1	1.2	0.2	.1
Clinic Aides	1.3	0.4	0.3	0.3	2.7	1.5	0.8	0.0	0.0
Couns/Promoter	0.3	0.2	0.0	0.0	0.7	0.3	0.2	0.0	0.0
Pharmacist	3.1	1.9	0.2	0.4	0.0	0.5	0.0	0.0	.7
Other	2.3	1.4	0.0	0.3	0.0	1.6	0.6	0.0	0.0
Totals	93.1	27.8	2.9	11.9	8.7	12.9	6.2	2.1	2.1
N	48	143	237	20	145	52	23	27	51

### *Services Available and Service Statistics*

All facilities, except hospitals, were assessed for the provision of basic laboratory services. The data are summarized in table 3.6 below. Of all facilities surveyed, RSDP static clinics and THCs have the highest proportion equipped to perform basic laboratory tests, 98.6% and 94.4% respectively. Private clinics and NGO clinics maintain basic laboratories in over 80% of the surveyed facilities, and MCWCs maintain basic laboratories in 70% of the facilities. The remaining facilities are equipped with laboratories in less than 15% of surveyed facilities.

Of the THCs that have basic laboratory services, the majority offer pregnancy tests (66.7%), blood tests (97.8%), urine tests (97.8%), stool tests (94.8%), hemoglobin tests (94.8%), sugar (82.2%), X-rays (53.3%), and malaria tests (85.2%). Syphilis, Hepatitis B, and HIV tests are offered in 15% or less of the surveyed THC facilities. Private clinics are the only other facility type that offers all of the tests included in the survey in some proportion of the sites. One hundred percent of private clinics with laboratories offer blood tests, urine tests and hemoglobin tests. More than 95% offer pregnancy tests, stool tests, and sugar tests. In addition, more than 70% offer X-rays, Malaria, Syphilis, and Hepatitis B tests, while less than 20% offer HIV tests. MCWCs offer hemoglobin and sugar tests in more than 90% of surveyed facilities, pregnancy tests in over 80%, and urine tests in over 60%. However, the remaining tests are offered in fewer than 30% of the facilities with labs, with 14.3% offering Hepatitis B tests and none offering HIV tests. The majority of RSDP static clinics offer pregnancy tests (93.7%), urine tests (55.2%), hemoglobin tests (82.5%), and sugar tests (95.1%), with the remaining services offered in 0 to 8.4 percent of facilities with laboratories. Pregnancy tests are the only tests offered in more than 75% of the FWCs with laboratories, the remaining tests offered in 50% or less of the facilities with no facilities offering Hepatitis B or HIV tests. The majority of NGO clinics offer blood (52.6%), urine (57.9%), hemoglobin (52.6%), and sugar (52.6%) tests. None of the surveyed NGO clinics offer HIV tests and fewer than 30% offer Hepatitis B tests. Half of the community clinics surveyed with laboratories offer only hemoglobin, sugar and other tests.

Table 3.6 Basic Laboratory and Tests Provided by Type of Facility (Pct. of Facilities)

Laboratory Services	Hosp.	THC	FWC	MCWC	RSDP Static Clinic	Priv. Clinic	Other NGO Clinic	Comm. Clinics	Rural Disp
Have Laboratory	N/A	94.4 N=143	13.5 N=237	70.0 N=20	98.6 N=145	80.8 N=52	82.6 N=23	7.4 N=27	0.0 N=51
Pregnancy Test	N/A	66.7	78.1	85.7	93.7	95.2	47.4	0.0	N/A
Blood Test	N/A	97.8	3.1	28.6	23.1	100.0	52.6	0.0	N/A
Urine Test	N/A	97.8	31.3	64.3	55.2	100.0	57.9	0.0	N/A
Stool Test	N/A	94.8	6.3	28.6	8.4	95.2	36.8	0.0	N/A
Hemoglobin Test	N/A	94.8	50.0	92.9	82.5	100.0	52.6	50.0	N/A
Sugar Test	N/A	82.2	40.6	92.9	95.1	95.2	52.6	50.0	N/A
X-Ray	N/A	53.3	0.0	14.3	0.0	88.1	5.3	0.0	N/A
Malaria Test	N/A	85.2	0.0	7.1	0.0	73.8	31.6	0.0	N/A
Syphilis Test	N/A	15.6	0.0	0.0	2.8	71.4	31.6	0.0	N/A
Hepatitis B Test	N/A	11.1	0.0	14.3	0.0	73.8	26.3	0.0	N/A
HIV Test	N/A	3.7	0.0	0.0	0.0	16.7	0.0	0.0	N/A
Other Tests	N/A	15.6	3.1	7.1	22.4	19.1	73.7	50.0	N/A
N	N/A	135	32	14	143	42	19	2	N/A

Table 3.7 summarizes service availability by facility type. Nearly all hospitals and THCs offer all of the services assessed in the survey; however, availability of services varies both within and across facilities. TTD injections are offered mainly through THCs (98.6%), RSDP clinics (89.0%), and community clinics (85.2%). Over 80% of hospitals, THCs, community clinics and rural dispensaries offer OR packets, with a full 100% of RSDP clinics providing the same. Vitamin A capsules are carried by fewer facilities, with only hospitals, THCs, and RSDP clinics reporting the majority providing this service.

Child curative care is provided mainly through hospitals (91.7%), THCs (95.8%), and RSDP clinics (90.3%). Child immunizations are offered by more THCs (100%), RSDPs (93.1%) and hospitals (83.3%) than the other facilities, with 70% of MCWCs offering immunizations as well.

General, non-emergency maternal care is offered mainly through hospitals, THCs, FWCs, and MCWCs. One hundred percent of MCWCs offer antenatal, normal delivery and postpartum care, while over 90% of hospitals, THCs, FWCs, and RSDPs offer at least two of these services. Only 66.2% of FWCs and 49.7% of RSDPs offer normal delivery services. In addition, over 80% of private clinics offer all three non-emergency obstetrical services.

In general, private clinics and rural dispensaries offer fewer services than the remaining facilities, excepting non-emergency maternal services offered by private clinics as previously mentioned and child immunizations, which are offered by 96.3% of rural dispensaries.



Table 3.7 Availability of General Services (Percentage of facilities)

Services	Hosp.	THC	FWC	MCWC	RSDP Static Clinic	Private Clinic	Other NGO Clinic	Comm. Clinic	Rural Disp
Tetanus Injection	77.1	98.6	51.1	70.0	89.0	13.5	39.1	85.2	11.8
ORS Packets	81.3	97.9	41.8	35.0	100.0	21.2	52.2	88.9	84.3
Vitamin A Capsule	77.1	88.8	27.4	25.0	81.4	3.9	34.8	63.0	21.6
Antenatal Care	93.8	100.0	98.3	100.0	100.0	86.5	56.5	92.6	35.3
Normal Delivery	95.8	99.3	66.2	100.0	49.7	80.8	34.5	55.6	18.7
Postpartum Care	95.8	100.0	96.6	100.0	99.3	80.8	56.5	81.5	29.4
Care at ORT Corner	87.5	98.6	29.2	10.0	99.3	21.2	47.8	40.7	17.7
Adult Curative Care	81.3	84.6	51.5	45.0	78.6	25.0	60.9	62.9	35.3
Child Curative Care	91.7	95.8	60.8	70.0	90.3	25.0	56.6	77.8	37.3
RTI/STD Treatment	87.5	92.3	69.6	75.0	97.2	46.2	52.2	14.8	54.9
Health Education	85.4	98.6	98.3	95.0	100.0	55.8	73.9	96.3	86.3
Child Immunizations									
Polio	83.3	100.0	56.1	70.0	93.1	1.9	34.8	96.3	17.7
DPT	83.3	100.0	55.7	70.0	93.1	1.9	30.4	96.3	17.7
Measles	83.3	100.0	55.3	70.0	93.1	1.9	30.4	96.3	17.7
BCG	83.3	100.0	55.7	70.0	93.1	1.9	30.4	96.3	17.7
N	48	143	237	20	145	52	23	27	51

The days per week that each service is offered also varies within and across facilities and are presented in table 3.8 below. In general, facilities offer the majority of services from 4-6 days per week, with some exceptions. Both child immunization series and TTD injections are offered less frequently than the other services provided through these facilities. The majority of facilities offer injection services 2 or fewer days per week on average.

Table 3.8 Days per week services available (Mean)

Services	Hosp	THC	FWC	MCWC	RSDP Static Clinic	Private Clinic	Other NGO Clinic	Comm. Clinic	Rural Disp
Tetanus Injection	4.8	3.7	1.6	3.2	1.9	6.3	1.8	2.6	1.8
ORS Packets	6.5	6.0	5.8	5.9	6.0	6.9	5.8	5.6	5.9
Vitamin A Capsule	5.2	4.7	3.4	4.8	4.7	7.0	5.3	3.7	5.0
Antenatal Care	6.0	5.5	5.1	4.6	6.0	6.4	5.2	4.8	5.4
Normal Delivery	6.3	6.0	5.2	6.2	6.0	6.7	6.5	5.5	5.1
Postpartum Care	6.2	5.9	5.3	6.0	6.0	6.6	5.5	5.2	5.3
Care at ORT Corner	6.1	5.9	5.4	6.0	6.0	6.5	5.6	5.7	5.8
Adult Curative Care	5.6	5.4	4.4	3.8	4.3	6.8	4.5	4.8	5.9
Child Curative Care	5.5	4.9	4.4	4.2	4.1	6.5	4.0	4.5	5.7
RTI/STD Treatment	6.1	6.1	5.5	5.6	6.0	6.5	5.8	5.5	5.9
Health Education	5.8	5.4	4.7	5.4	5.7	6.5	5.3	5.3	5.1
Child Immunizations									
Polio	4.5	3.4	1.4	2.1	1.7	2.0	1.8	1.8	1.1
DPT	4.5	3.3	1.4	2.1	1.7	2.0	1.1	1.8	1.1
Measles	4.4	3.3	1.4	2.1	1.7	2.0	1.1	1.8	1.1
BCG	4.5	3.3	1.4	2.1	1.8	2.0	1.1	1.8	1.1
N	48	143	237	20	145	52	23	27	51

Information on stockouts and length of stockouts was collected and is summarized in tables 3.9a and 3.9b. Stockouts vary considerably within and across facility types; however, it is possible to see some general patterns. Most notably, private clinics experienced no stockouts in the 6 months prior to the survey. Community clinics and rural dispensaries also experienced virtually no stockouts, except ORS packets by 23.3% of rural dispensaries and 4.2% of community clinics.

The highest rates of child immunization stockouts occur at NGO clinics with at least 12.5% experiencing stockouts of all vaccines. THCs, FWCs and RSDP clinics also experience stockouts of all child immunizations, ranging from 2.1% to 5.9% of all surveyed facilities.

In general the longest stockouts are experienced for vitamin A capsules, with FWCs, RSDPs, NGO clinics, and rural dispensaries experiencing stockouts of 28.6 to 44 days on average. Stockouts of OR packets range from 5 to nearly 25 days on average.

No data were available on length of stockout for child immunizations.

Table 3.9a Percentage of Facilities Experiencing Stockouts by Service

Services	Hosp	THC	FWC	MCWC	RSDP Static Clinic	Private Clinic	Other NGO Clinic	Comm. Clinic	Rural Disp
Tetanus Injection	8.1	4.3	1.7	14.3	6.2	0.0	11.1	0.0	0.0
ORS Packets	0.0	1.4	20.2	14.3	1.4	0.0	8.3	4.2	23.3
Vitamin A Capsule	2.7	.8	13.9	0.0	10.2	0.0	37.5	0.0	9.1
Child Immunizations									
Polio	0.0	2.1	2.3	7.1	3.7	0.0	12.5	0.0	0.0
DPT	2.5	2.8	2.8	0.0	5.9	0.0	14.3	0.0	0.0
Measles	2.5	2.1	4.6	0.0	3.7	0.0	14.3	0.0	0.0
BCG	0.0	2.8	3.8	0.0	5.2	0.0	14.3	0.0	0.0
N	48	143	237	20	145	52	23	27	51

Table 3.9b Length of Stockout by Service and Facility Type (Days)

Services	Hosp	THC	FWC	MCWC	RSDP Static Clinic	Private Clinic	Other NGO Clinic	Comm. Clinic	Rural Disp
Tetanus Injection	6.7	10.3	15.0	1.5	10.0	N/A	2.0	N/A	N/A
ORS Packets	N/A	5.0	24.8	5.0	22.5	N/A	15.0	8.0	15.3
Vitamin A Capsule	1.0	2.0	30.4	N/A	28.6	N/A	44.0	N/A	30.0
Child Immunizations									
Polio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DPT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Measles	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BCG	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N	48	143	237	20	145	52	23	27	51

Information of prices for services are presented below in Table 3.10. Across all facilities the child immunizations are the most expensive of the services offered. While THCs, FWCs, MCWCs, community clinics, and rural dispensaries charge minimal fees for other services they charge anywhere from 62.66 Taka (THCs) to 899.33 Taka (private clinics) for the immunization series. In addition, normal delivery services are generally more expensive than others, ranging from 14.74 Taka at hospitals, 23.54 Taka at RSDP clinics, 136.88 Taka at NGO clinics to 417.98 Taka at private clinics. In general, private clinics charge more than any other facility for all services offered.

Table 3.10 Price of Service by Type of Facility (Taka)

Services	Hosp.	THC	FWC	MCWC	RSDP Static Clinic	Private Clinic	Other NGO Clinic	Comm. Clinic	Rural Disp
Tetanus Injection	0.54	0.07	0.00	0.00	1.00	27.57	3.44	0.00	0.00
ORS Packets	0.13	0.02	0.05	0.00	10.32	2.36	0.16	0.00	0.00
Vitamin A Capsule	0.00	0.02	0.00	0.00	0.37	2.50	0.38	0.00	0.00
Antenatal Care	3.51	0.03	0.00	1.50	5.98	76.00	11.92	0.00	0.00
Normal Delivery	14.74	0.04	0.00	1.50	23.54	417.98	136.88	0.00	0.00
Postpartum Care	2.57	0.03	0.00	1.50	5.67	121.07	11.92	0.00	0.00
Care at ORT Corner	3.17	0.08	0.02	0.00	5.34	86.36	7.73	0.00	0.00
Adult Curative Care	3.23	0.00	0.00	0.00	3.03	65.54	7.86	0.00	0.00
Child Curative Care	2.68	0.04	0.00	0.00	2.89	40.00	7.69	0.00	0.00
RTI/STD Treatment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Health Education	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Child Immunizations	228.10	62.66	470.21	348.25	90.12	899.33	649.43	73.70	799.90
N	48	143	237	20	145	52	23	27	51

Table 3.11 presents data on family planning services offered by the different facilities. At least 90% of all THCs offer the pill, condom, the IUD, and tubectomy; a full 100% offer injectable contraceptives. In addition, at least 90% of FWCs, MCWCs, and RSDP clinics offer the pill, condom, IUD, and injectables. Fewer than 10% of private clinics offer modern forms of contraception, with the exception of vasectomy (11.5%) and tubectomy (23.1%). Fewer rural dispensaries offer family planning services, with under 20% offering the pill, condoms, IUD, and injectables, and none offering Norplant, vasectomy or tubectomy.

Table 3.11 Percent of Facilities Offering Family Planning Services by Facility Type

Services	Hosp.	THC	FWC	MCWC	RSDP Static Clinic	Private Clinic	Other NGO Clinic	Comm. Clinic	Rural Disp
Pill	37.5	94.4	93.3	90.0	100.0	7.7	34.8	96.3	15.7
Condom	37.5	92.3	90.3	90.0	100.0	7.7	34.8	96.3	15.7
IUD	33.3	99.3	94.9	90.0	100.0	9.6	17.4	37.0	13.7
Injectables	35.4	100.0	97.9	90.0	99.3	9.6	30.4	74.7	15.7
Norplant	18.8	70.6	1.3	75.0	2.1	3.9	4.4	3.7	0.0
Vasectomy	22.9	80.4	1.3	80.0	13.8	11.5	4.4	0.0	0.0
Tubectomy	29.2	91.6	3.0	85.0	4.1	23.1	4.4	0.0	0.0
N	48	143	237	20	145	52	23	27	51

In general family planning services are offered nearly 5 days per week by all facilities (Table 3.12). RSDP and private clinics offer services more often with the average between 6 and 7 days per week. Norplant, vasectomy, and tubectomy, in general, are offered less frequently, ranging from 1.1 to 3.4 days per week on average by the facilities surveyed, except for hospitals (4.6-5.5 days), private clinics (over 6 days), and NGO clinics (6 days).

Table 3.12 Mean Days Per Week Family Planning Services Available by Facility Type

Services	Hosp	THC	FWC	MCWC	RSDP Static Clinic	Private Clinic	Other NGO Clinic	Comm. Clinic	Rural Disp
Pill	5.7	5.6	5.2	5.8	6.0	6.5	5.6	5.5	5.9
Condom	5.7	5.7	5.2	5.8	6.0	6.5	5.6	5.5	4.9
IUD	5.8	5.9	4.9	6.0	6.0	6.8	5.5	1.7	4.7
Injectables	5.8	5.8	5.1	5.8	5.9	6.8	5.4	2.7	4.8
Norplant	4.6	3.1	3.0	4.3	1.0	6.5	1.0	6.0	N/A
Vasectomy	5.5	3.0	1.3	3.4	2.0	6.0	6.0	N/A	N/A
Tubectomy	5.1	2.8	1.1	3.4	1.8	6.1	6.0	N/A	N/A
N	48	143	237	20	145	52	23	27	51

Information on stockouts is summarized in tables 3.13a and 3.13b below. Notably, rural dispensaries and private clinics experience no stockouts on services for which data are available. Injectable contraceptives are the most frequently out of stock item, with all facilities (except for private clinics and rural dispensaries) having experienced a stockout in the last 6 months (mean number of days: 2 to 32.8). Most notably, 57.1% of NGO clinics and 43.8% of RSDP clinics had experienced stockouts of injectables in the 6 months prior to the survey. IUDs, although not the most frequently out of stock item, have the longest mean time for replacement, ranging from 15 to 42.3 days on average.

Table 3.13a Percent of Facilities Experiencing Stockouts by Family Planning Service

Services	Hosp	THC	FWC	MCWC	RSDP Static Clinic	Private Clinic	Other NGO Clinic	Comm. Clinic	Rural Disp
Pill	0.0	2.2	7.2	0.0	0.7	0.0	0.0	3.9	0.0
Condom	5.6	2.3	6.5	5.6	1.4	0.0	12.5	3.9	0.0
IUD	0.0	0.7	1.3	0.0	2.8	0.0	0.0	0.0	0.0
Injectables	17.7	10.5	14.7	5.6	43.8	0.0	57.1	5.0	0.0
Norplant	0.0	3.0	0.0	6.7	0.0	0.0	0.0	0.0	N/A
N	48	143	237	20	145	52	23	27	51

Table 3.13b Length of Family Planning Supplies Stockouts by Facility Type (Days)

Services	Hosp	THC	FWC	MCWC	RSDP Static Clinic	Private Clinic	Other NGO Clinic	Comm. Clinic	Rural Disp
Pill	N/A	22.3	19.3	N/A	30.0	N/A	N/A	5.0	N/A
Condom	13	12.3	18.5	1.0	18.5	N/A	15.0	5.0	N/A
IUD	N/A	15.0	33.0	N/A	42.3	N/A	N/A	N/A	N/A
Injectables	15.0	17.7	16.9	2.0	19.0	N/A	32.8	30.0	N/A
Norplant	N/A	10.7	N/A	2.0	N/A	N/A	N/A	N/A	N/A
N	48	143	237	20	145	52	23	27	51

Table 2.14 summarizes data collected on prices of family planning services by facility type. Private clinics and NGO clinics, in general, charge more for family planning

services than the other types of facilities, with the surgical techniques being the most expensive. Private clinics charge 558.33 Taka for vasectomy and 368.33 Taka for tubectomy, while NGO clinics charge 20.00 Taka for each on average. In addition, RSDPs charge consistently above 2.00 Taka for family planning services, except for the Norplant insertion. While many of the contraceptive services are provided for a minimal fee, in general, condoms consistently cost close to 1.00 Taka in all facilities.

Table 3.14 Mean Prices of Family Planning Service by Facility Type

Services	Hosp	THC	FWC	MCWC	RSDP Static Clinic	Private Clinic	Other NGO Clinic	Comm. Clinic	Rural Disp
Pill	0.39	0.00	0.07	0.00	2.19	2.25	2.50	0.04	0.13
Condom	1.28	1.72	1.54	0.94	2.73	11.50	3.88	0.85	0.88
IUD	0.00	0.00	0.00	0.00	4.39	64.00	5.00	0.00	0.00
Injectables	0.94	0.03	0.00	0.00	4.53	45.00	3.57	0.00	0.00
Norplant	0.00	3.00	0.00	6.70	0.00	0.00	0.00	0.00	N/A
Vasectomy	0.00	0.00	0.00	0.00	0.75	558.33	20.00	N/A	N/A
Tubectomy	0.00	0.00	0.00	12.94	0.83	368.33	20.00	N/A	N/A
N	48	143	237	20	145	52	23	27	51

Additional information was collected on emergency obstetrical services and is presented in table 3.15. Nearly all hospitals supply all forms of emergency maternal services, with 100% supplying treatment for pre-eclampsia and eclampsia and puerperal sepsis. Over 90% of hospitals offer treatment for post-partum hemorrhage, hypertension, removal of retained placenta, assisted vaginal delivery for prolonged labor, resuscitation of the newborn, and blood transfusions. Slightly less provide vacuum delivery and caesarian section, 85.4% and 81.3% respectively. Over 50% of MCWCs offer all emergency maternal services, the highest percentages offering treatment for hemorrhage (90%), hypertension (90.0%), removal of retained placenta (95%) and assisted vaginal delivery (95%). Between 50% and 80% of MCWCs offer the remaining emergency obstetrical services. Nearly 100% of THCs offer treatment for hypertension (97.2%) and sepsis (97.2%) and nearly 90% offer treatment for hemorrhage (86.7%) and retained placenta (87.4%). Apart from resuscitation of the newborn (78.3%), less than 50% of THCs offer the remaining services. At least 50% of private clinics offer all emergency obstetric services except for vacuum delivery (36.5%). Less than 50% of the remaining facilities offer any of these services.

Table 3.15 Emergency Maternal Services by Type of Facility (Pct. of Facilities)

Maternal Services	Hosp	THC	FWC	MCWC	RSDP Static Clinic	Priv. Clinic	Other NGO Clinic	Comm. Clinics	Rural Disp
Tx PP Hemorrhage	97.9	86.7	31.2	90.0	22.8	76.9	39.1	0.0	5.9
Tx Hypertension	97.9	97.2	21.1	90.0	37.2	84.6	43.5	11.1	25.5
Tx Pre-eclm/eclmp	100.0	92.3	10.1	65.0	15.9	65.4	43.5	0.0	9.8
Ts Puerperal Sepsis	100.0	97.2	37.9	85.0	48.9	67.3	47.8	18.5	13.7
Removal Placenta	95.8	87.4	12.2	95.0	4.1	71.2	34.8	0.0	1.9
Vacuum Delivery	85.4	36.4	2.1	70.0	.7	36.5	0.0	0.0	0.0
Asst Vag Delivery	95.8	81.1	9.7	95.0	6.2	57.7	26.1	0.0	0.0
Resusc Newborn	91.7	78.3	7.6	85.0	11.7	65.4	30.4	0.0	1.9
Caesarian Section	81.3	13.3	0.0	60.0	0.0	69.2	0.0	0.0	0.0
Blood Transfusion	91.7	15.4	0.0	55.0	.7	65.4	4.5	0.0	0.0
N	48	143	237	20	145	52	23	27	51

### *Availability of Supplies and Equipment*

Supply and equipment availability data were collected and are summarized in table 3.16 below. No data were collected on equipment at hospitals. Over 90% of THCs maintain the majority of supplies and equipment assessed in the survey, only dropping below 90% for baby-weighing scales (88.1%), child-weighing scales (81.8%), vasectomy kits (78.1%), and disposable needles (83.9%) and gloves (83.4%). Fewer FWCs maintain the same equipment, with only stethoscopes and IUD kits found in over 90% of the facilities. Over 90% of MCWCs maintain the basic maternal/child health equipment, while only 20% of facilities were found with complete ORT kits on the day of the survey. All other equipment is stocked by at least 85% of the MCWCs, except for a complete cold chain (54.6%). Likewise, over 90% of RSDP static clinics maintain the basic maternal/child health equipment as well as vasectomy kits, with only just over 40% having baby- and child-weighing scales on the day of the survey. Private clinics are more variable in the maintenance of the assessed supplies and equipment, with as little as 50% having baby- and child-weighing scales and 32.7% having complete ORS kits on the day of the survey. NGO clinics are more likely to maintain complete safe delivery and IUD kits, both carried by 100% of these clinics. Far fewer community clinics and rural dispensaries maintain the assessed supplies and equipment, only reaching 100% for complete safe delivery kits. Of note, 100% of RSDP static clinics, private clinics, NGO clinics, community clinics, and rural dispensaries maintain safe delivery kits. Complete vasectomy kits are reported at over 50% of all facilities. Disposable needles, syringes, and gloves are available at over 50% of all facilities, except for community clinics and rural dispensaries. Only the majority of THCs, FWCs, and MCWCs reported having a complete cold chain on the day of the survey.

Table 3.16 Available Supplies and Equipment by Type of Facility (Pct. of Facilities)

Equipment	Hosp	THC	FWC	MCWC	RSDP Static Clinic	Priv. Clinic	Other NGO Clinic	Comm. Clinic	Rural Disp.
<b>Blood Pressure Instrument</b>									
Av/Op Today	N/A	97.9	81.9	95.0	100.0	98.1	65.2	33.3	76.5
Broken last 6 Mos	N/A	5.7	22.2	15.8	4.8	7.8	0.0	0.0	5.1
<b>Height-Weight Machine</b>									
Av/Op Today	N/A	97.2	87.8	95.0	97.2	84.6	95.7	14.8	33.3
Broken last 6 Mos	N/A	3.6	5.8	5.3	1.4	2.3	0.0	0.0	35.3
<b>Stethoscope</b>									
Av/Op Today	N/A	99.3	93.7	95.0	100.0	98.1	69.6	25.9	90.2
Broken last 6 Mos	N/A	1.4	6.8	5.3	.7	7.8	0.0	0.0	4.4
<b>Thermometer</b>									
Av/Op Today	N/A	99.3	67.5	95.0	100.0	98.1	82.6	40.7	66.7
Broken last 6Months	N/A	3.5	6.3	5.3	2.1	5.9	0.0	0.0	2.9
<b>Baby Weighing Scale</b>									
Av/Op Today	N/A	88.1	67.9	95.0	45.5	50.0	43.5	22.2	19.6
Broken last 6 Mos.	N/A	2.4	6.8	0.0	0.0	3.9	0.0	0.0	20.0
<b>Child Weighing Scale</b>									
Av/Op Today	N/A	81.8	55.7	95.0	40.7	50.0	60.9	18.5	7.8
Broken last 6 Mos	N/A	3.4	7.6	0.0	1.7	3.9	0.0	0.0	25.0
<b>Safe Delivery Kit</b>									
Complete	N/A	92.3	68.9	100.0	100.0	100.0	100.0	100.0	100.0
<b>IUD Kit</b>									
Complete	N/A	92.9	94.2	100.0	99.3	85.7	100.0	50.0	85.7
<b>ORS Equipment</b>									
Complete	N/A	90.9	19.4	20.0	100.0	32.7	39.1	7.4	15.7
<b>Vasectomy Kit</b>									
Complete	N/A	78.1	66.7	92.3	95.2	72.2	50.0	N/A	0.0
<b>Disposable Needles</b>									
Av/Op Today	N/A	83.9	67.1	90.0	82.1	82.7	78.3	25.9	49.0
<b>Disposable Syringes</b>									
Av/Op Today	N/A	96.5	89.0	100.0	95.9	96.2	86.9	22.2	52.9
<b>Disposable Gloves</b>									
Av/Op Today	N/A	87.4	73.0	85.0	88.3	88.5	60.1	11.1	21.6
<b>Sterilizer/Autoclave</b>									
Av/Op Today	N/A	95.1	62.0	90.0	94.5	84.6	52.2	7.4	17.7
Broken last 6 Mos	N/A	12.5	8.8	0.0	1.5	9.1	0.0	0.0	0.0
<b>Vaccine Carrier/Cold Chain</b>									
CC Complete	N/A	95.1	50.0	54.6	34.2	57.1	20.0	0.0	0.0
N	48	143	237	20	145	52	23	27	51

AV/OP=Available/Operating

## Supervision

Supervisory information was collected by type of supervisor, permanent location of supervisor and mean number of visits. It is summarized in table 3.17 below. Information on supervision was not collected for hospitals. In addition, some facilities may have multiple supervisors. The majority of THC's (69.2%) are supervised by a project director. Over 40% of FWCs are supervised by a medical officer (40.1%) or a district officer (47.3%). Thirty percent of MCWCs are supervised by a medical officer and 25% by a district officer. RSDP static clinics are supervised mainly by medical directors (36.5%), while private clinics are supervised mainly by medical officers (26.9%) and district officers (11.5%). NGO clinics are most often supervised by a medical officer (26%), while community clinics are most often supervised by a senior family welfare officer (37%). The majority of rural dispensaries are supervised by a district officer (86.3%).

Only private clinics have the majority with a supervisory presence on site (71.2%). THC's reported 27.3% of facilities with on-site supervision and the remaining facilities have under 25% of sites maintaining such supervision. MCWCs report the highest mean level of supervisory visits per month, 13.4, followed by private clinics (12.9) and NGO clinics (12.7). Over 80% of all facilities have had a supervisory visit in the last 2 months and experience less than 10 supervisory visits every 6 months on average.

Table 3.17 Supervision by Type of Facility (Pct. of Facilities)

Supervisor	Hosp	THC	FWC	MCWC	<b>RSDP Static Clinic</b>	Priv. Clinic	Other NGO Clinic	Comm. Clinic	Rural Disp.
Medical Officer	N/A	2.8	40.1	30.0	36.5	26.9	26.0	18.5	5.9
Project Director	N/A	69.2	1.7	15.0	4.1	11.5	4.4	0.0	2.0
District Officer	N/A	21.7	47.3	25.0	2.1	2.0	8.7	0.0	86.3
Upazila Officer	N/A	0.0	5.0	0.0	0.0	0.0	0.0	11.1	0.0
SrFamily Welfare Of	N/A	0.0	0.0	0.0	0.0	0.0	0.0	37.0	2.0
Family Welfare Of	N/A	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
FP Inspector	N/A	0.0	0.0	0.0	0.0	0.0	4.4	0.0	0.0
Super in Building	N/A	27.3	4.6	25.0	21.4	71.2	21.7	11.1	7.8
Visit in last 2 months	N/A	93.7	86.9	95.0	95.9	78.9	95.7	88.9	88.2
Mean Visits 6 Mos	N/A	8.7	6.3	13.4	8.9	12.9	12.7	6.3	5.4
N	48	143	237	20	145	52	23	27	51



### Facility Appearance

Data on the appearance of each facility was collected and are presented in table 3.18 below. The majority of all facilities surveyed were, at minimum, mostly clean, except for the THC's and FWC's, of which the majority were described as average in cleanliness. In addition, the majority of all facilities had a separate examination room that offered complete privacy to the patient. The majority of facilities surveyed also had sheltered waiting rooms. RSDP clinics reported that the majority of the sites had the Sun and the RSDP Logo displayed at the time of the survey.

The majority of hospitals and THC's had all assessed IEC materials available for clients in the waiting room, except family planning. The majority of FWC's have on display IEC material relating to antenatal care (91.9%), safe delivery (68.4%), danger signs in pregnancy (53.2%), child immunizations (61.6%), and diarrhea (61.2%). One hundred percent of MCWC's have IEC displayed on antenatal care and safe delivery, with over 80% displaying IEC on danger signs of pregnancy and nutrition. Fewer than 50% of private clinics, NGO clinics, community clinics, and rural dispensaries surveyed have IEC materials for any of these themes available in the waiting room, with the exception of community clinics of which 51.9% have antenatal care information displayed.

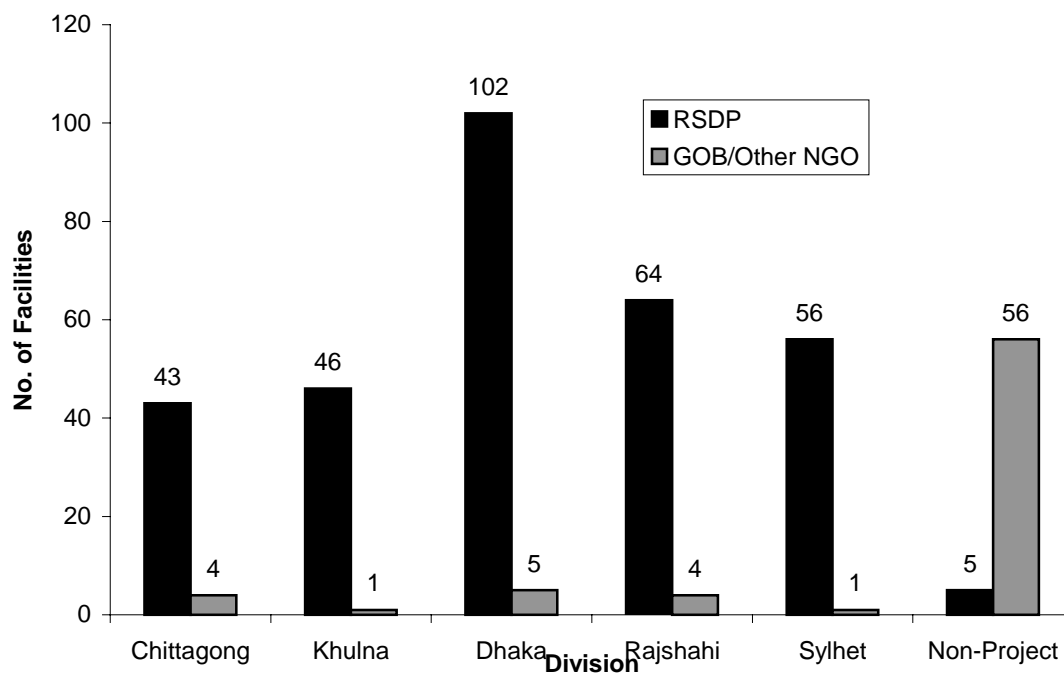
Table 3.18 Appearance by Type of Facility

	Hosp.	THC	FWC	MCWC	RSDP Static Clinic	Priv. Clinic	Other NGO Clinic	Comm. Clinic	Rural Disp.
<b>Cleanliness</b>									
Very Clean	6.3	1.4	1.3	5.0	14.5	17.3	8.7	0.0	2.0
Mostly Clean	50.0	35.7	27.9	70.0	71.0	57.7	56.5	51.9	15.7
Average	35.4	58.0	60.3	25.0	14.5	25.0	30.4	44.4	49.0
Somewhat Clean	8.3	4.2	10.1	0.0	0.0	0.0	4.4	3.7	23.5
Very Unclean	0.0	0.7	0.4	0.0	0.0	0.0	0.0	0.0	9.8
<b>Examination Room</b>									
Separate	79.2	81.8	76.4	75.0	82.1	82.7	78.3	70.4	56.9
Behind Curtain	16.7	14.7	9.3	20.0	13.1	11.5	13.0	7.4	9.8
Other Area	2.1	1.4	5.5	5.0	4.1	5.8	0.0	7.4	2.0
No Privacy	2.1	2.1	8.9	0.0	0.7	0.0	8.7	14.8	31.4
<b>Shelt. Wait Room</b>	79.2	82.5	85.7	90.0	97.2	88.5	56.5	62.9	58.8
<b>Sun Logo</b>	N/A	13.3	4.4	5.0	98.6	1.9	8.7	7.4	5.9
<b>RSDP Logo</b>	N/A	11.2	4.6	5.0	97.9	1.9	4.4	7.4	3.9
<b>IEC</b>									
Family Planning	N/A	6.3	2.5	5.0	26.9	0.0	0.0	3.7	5.9
Antenatal Care	77.1	97.2	91.9	100.0	100.0	25.0	39.1	51.9	47.1
Safe Delivery	93.8	87.4	68.4	100.0	96.6	19.2	34.8	29.6	33.3
Danger Signs Preg	70.8	83.2	53.2	80.0	93.1	21.2	39.1	25.9	23.5
Child Immun	81.3	90.2	61.6	70.0	93.8	11.5	21.7	48.2	47.1
Tx of Diarrhea	87.5	93.7	61.2	70.0	93.8	21.2	43.5	44.4	66.7
ARI treatment	62.5	60.8	25.7	60.0	59.3	5.8	30.4	11.1	17.6
HIV/AIDS	87.5	82.5	19.4	45.0	79.3	21.2	26.1	11.1	9.8
Nutrition	83.3	78.3	43.9	90.0	73.1	17.3	30.4	25.9	35.3
Other	18.8	21.7	6.3	0.0	29.7	1.9	34.8	22.2	9.8
<b>N</b>	<b>48</b>	<b>143</b>	<b>237</b>	<b>20</b>	<b>145</b>	<b>52</b>	<b>23</b>	<b>27</b>	<b>51</b>

#### 4. Satellite Clinic Questionnaire

In addition, 387 interviews with satellite clinic workers were also conducted. Of these, 316 (82 percent) were at RSDP satellite clinics, 70 (18 percent) were government-owned, and 1 was another NGO satellite clinic. As with fixed site clinics, the greatest number of satellite clinics were located in Dhaka division (107), followed by Rajshahi (68) and Sylhet (57). Only 15 government/NGO satellite clinics were surveyed in RSDP areas. The majority (56) were located in the non-RSDP comparison areas. The lone NGO clinic was combined with the government clinics in the data-analysis.

Figure 4.1 Distribution of Satellite Clinics by Division and RSDP/non-RSDP areas



##### *General Characteristics*

Information was collected on the physical characteristics – materials of roof, walls and floor – and the general cleanliness of the dwellings where satellite clinics are held. This information is provided in the Table 3.1.

Of the 316 RSDP clinics, 10.8% are upgraded satellite clinics. Almost all (95.9%) of the RSDP clinics are private homes, as are the government clinics (90.2%).

The majority of the clinics, both RSDP and government-owned, use rudimentary materials for a roof, 88.9% and 85.9% respectively. RSDP clinics have walls made of materials that are natural (32.9%), finished (26.6%), or tin (36.4%). Similar characteristics are observed for government-owned clinics' walls; natural (23.9%), finished (29.6%) and tin (43.7%). The majority of both the RSDP satellite clinics and the

government-owned clinics have floors made of natural materials; 77.5% and 69.0% respectively.

Regarding the general cleanliness of the clinics, 90.5% of the RSDP clinics are rated as being average to very clean, and 85.9% of the government clinics are rated as being average to very clean.

Questions were asked regarding the types of rooms available at the clinics. Most of the RSDP clinics (76.6%) have a waiting room sheltered from sun and rain. 34.3% have a separate examination room that cannot be seen from outside, and 63.8% have an examination room either behind a curtain or in separate space to secure privacy. Less than 2% of the RSDP clinics have no private examination room. Over half of the Government clinics (63.4%) have a waiting room sheltered from sun and rain. 33.8% have a separate examination room that cannot be seen from outside, and 39.5% have an examination room behind a curtain or a separate space to secure privacy. Over 25% of the government clinics have no private examination room.

IEC materials (e.g., posters and pamphlets) are displayed by the majority of the RSDP clinics (over 60%) covering topics such as family planning (91.5%), safe motherhood (82.2% on antenatal care and 64.6% on safe delivery), and some aspect of child survival (69.9% on child immunization and 74.7% on diarrhea treatment). IEC materials on ARI treatment are available at less than 50% of the RSDP clinics, and materials on HIV/AIDS are available in less than 25% of the clinics. In contrast to RSDP clinics, the only IEC materials available at over 60% of the government clinics are those on family planning and child immunization. While 57.8% of the clinics have materials on diarrhea treatment, materials on other subjects are available at less than 50% of the government clinics.

Table 4.1 Appearance and Other Characteristics of Satellite Clinics (Percent)

Type of assessment	RSDP	Govt.
Physical characteristics		
Main Material of the Roof		
Natural	7.3	2.8
Rudimentary	88.9	85.9
Finished	3.8	11.3
Total	100.0	100.0
Main Material of the Walls		
Natural	32.9	23.9
Rudimentary	4.1	2.8
Finished	26.6	29.6
Tin	36.4	43.7
Total	100.0	100.0
Main Material of the Floor		
Natural	77.5	69.0
Finished	22.2	31.0
Not seen	0.3	0.00
Total	100.0	100.0
General cleanliness		
Very clean	0.6	2.8
Mostly clean	30.7	15.5
Average	59.2	67.6
Somewhat unclean	9.5	9.9
Very unclean	0.00	4.2
Total	100.0	100.0
Updated satellite clinic	10.8	N/A
Ownership of the clinic		
Private home	95.9	90.2
Community center	1.0	5.6
School	2.5	2.8
Others	0.6	1.4
Total	100.0	100.0
Type of rooms		
Waiting room sheltered from sun and rain	76.6	63.4
Separate examination room	34.3	33.8
Examination room behind a curtain	56.5	26.8
Other Examination Room	7.3	12.7
No private examination room	1.9	26.7
Total	100.0	100.0
IEC materials available at the facility		
Posters/pamphlets for family planning	91.5	60.6
Posters/pamphlets on antenatal care	82.3	45.1
Posters/pamphlets on safe delivery	64.6	31.0
Posters/pamphlets on child immunization	69.9	69.0
Posters/pamphlets on diarrhea treatment	74.7	57.8
Posters/pamphlets on ARI treatment	49.1	22.5
Posters/pamphlets on HIV/AIDS	23.4	4.2
Others	7.3	0.00

### *Operations of Satellite Clinics*

Table 4.2 provides information on the operations of the satellite clinics. On average, RSDP satellite clinics have been in operation for 2.7 years, and government clinics for 5.6 years. At both types of clinics, 1.1 sessions are held per month on average, and over 40 patients are seen per session at the clinic. Hours of operation are approximately five to six hours per day at both types of clinics. Distance to satellite clinic from the static clinic is longer for RSDP clinics (14.2 km) than for government clinics (4.1 km).

Table 4.2: Operations of Satellite Clinics

Characteristics (Mean)	RSDP	Govt.
Length of time in operation in years	2.7	5.6
No. of satellite clinic sessions held per month at the satellite clinic	1.1	1.1
Hours of operation	6.1	5.3
Distance to the satellite clinic from the static clinic (km)	14.3	4.1
Number of clients seen per session at the satellite clinic	42.2	40.9

### *Services at Satellite Clinics*

A wide range of family planning and child health services are provided at satellite clinics as shown in Table 4.3. All RSDP clinics provide family planning counseling and pills, and almost all provide ARI management/diarrheal treatment, condoms, injectables, pregnancy care, and health education. Mean cost per service ranged from 0.7 to 6.2 Taka.

As for government clinics, all clinics provide family planning counseling, and almost all provide health education. Over 80% of the clinics provide ARI management/diarrheal treatment, pills, condoms, and injectables, as well as health education. Only 46.5% of government clinics provide pregnancy, antenatal and post-natal care. Mean cost per service ranged from 0.0 to 1.0 Taka at government clinics.

Table 4.3: Type of Services Provided at Satellite Clinics (Pct of Facilities and Mean Price in Taka)

Type of Services	RSDP	RSDP Mean Price	Govt.	Govt. Mean Price
Immunization	35.1	0.70	57.8	0.00
ARI Management, Diarrheal Treatment	96.8	3.90	81.7	0.10
Vitamin A	56.7	0.70	56.3	0.00
Family Planning Counseling	100.0	1.60	100.0	0.00
Pills	100.0	2.30	88.7	0.10
Condoms	99.7	2.90	81.7	1.00 <sup>2</sup>
Injectable	98.4	4.20	88.7	0.01
Tetanus Toxoid	41.4	0.90	63.4	0.00
Pregnancy Care/ANC/PNC	98.4	3.00	46.5	0.00
Health Education	99.4	6.20	95.8	0.10

<sup>2</sup> One observation had a value of “120.” The mean was calculated without this observation.

### *Stockouts at Satellite Clinics during the Last 6 Months*

The survey revealed that almost 35% of RSDP clinics experienced shortages of family planning supplies during the last 6 months. Shortages of other supplies remained low at less than 10% each. On the other hand, 22.5% of government clinics experienced shortages of antibiotics during the last 6 months, followed by shortage of ORS at 12.7%. Shortage of other supplies remained low at less than 10% each.

Table 4.4: Shortage of Supplies at Satellite Clinics during the Last 6 Months (Pct. of Satellite Clinics)

Type of Supplies/Methods	RSDP	Govt.
Family Planning Method	34.2	2.8
Antibiotic	6.7	22.5
ORS	5.4	12.7
Immunization	3.5	4.2
Vitamin A	6.3	9.9
Others	4.8	7.0

### *Supervision*

Both RSDP clinics and government clinics had, on average, more than 10 supervision visits or had meetings from the supervisor of the clinic during the last 6 months. Almost all the clinics, both RSDP and government, received a supervision visit or had meetings with the supervisor in the last 2 months.

Over 50% of the RSDP satellite clinics are being supervised by either a clinic manager or a thana manager. On the other hand, most of the government clinics are being supervised by a medical officer (25.4%), a upazila health/family planning officer (22.5%) or a family planning inspector (25.4%).

Table 4.5: Mode of Supervision

Type of Supervision	RSDP	Govt.
Number of supervision visit or meeting from the supervisor of the clinic during the last 6 months (Mean)	14.7	10.0
Received supervision visit or meetings in the last 2 months	97.5	91.6
Supervisor		
Medical Officer	0.3	25.3
Project Director/Project Manager	1.2	1.4
Upazila Health/Family Planning Officer	0.0	22.5
Senior Family Welfare Visitor	0.0	12.7
Family Welfare Visitor	0.9	1.4
Family Planning Inspector	0.0	25.4
Clinic Manager	33.9	0.0
Thana Manager	28.2	0.0
NGO Monitoring Officer	0.3	0.0
Local Thana Manager	1.3	0.0
Others	33.9	11.3
	100.0	100.0

### *Characteristics of Satellite Clinic Workers*

Table 4.6 illustrates the characteristics of satellite clinic workers. The mean age of the workers at RSDP clinics is 26.9 years, while that of government clinics is 38.9 years. The majority of the workers at both RSDP clinics and government clinics are Muslim (over 70%), followed by Hindu (less than 30%). The education level of the workers is high. The workers at both types of clinics have had, on average, over 10 years of schooling. 42.1% of RSDP clinic workers had completed secondary level and 57.9% had completed college/university. This is reversed among government clinic workers; 56.3 had completed secondary level, and 43.7% had completed college/university.

The majority of the RSDP clinic workers are married (73.7%), while almost all the government clinic workers are married (94.4%). On average, RSDP clinic workers have less than 1 child, while those of government clinics have more than 2 living children.

The level of training is high among both the RSDP and government satellite clinic workers. Prior to being assigned to work as a Family Planning/Health Worker, the majority (80.4%) of the RSDP satellite clinic workers had received basic/primary training, and almost all (95.6%) received in-service training in addition to it. The majority (87.3%) of the government clinic workers had received basic/primary training, and almost all (98.6%) received in-service training in addition to it.

Table 4.6: Characteristics of Clinic Workers – Education and Marital Status

Characteristics	RSDP	Govt.
Age (Mean)	26.9	38.9
Religion		
Muslim	73.4	70.4
Hindu	24.4	29.6
Buddhist	0.6	0.0
Christian	1.6	0.0
	100.0	100.0
Years of schooling (Mean)	11.5	10.9
Highest level of school attended		
Secondary	42.1	56.3
College/University	57.9	43.7
	100.0	100.0
Marital Status		
Married	73.7	94.4
Single/Ever married	26.0	1.4
Widowed	0.3	4.2
	100.0	100.0
Number of living children (Mean)	0.9	2.1
Qualification of the Clinic Worker		
Basic/Primary Training	80.4	87.3
In-Service Training in addition to the Basic Training	95.6	98.6

## 5. Depotholder Questionnaire

In addition to the facility and satellite clinic interviews, 363 interviews were conducted with depotholders. All but one was a RSDP depotholder. The single non-RSDP depotholder was a government depotholder. Inexplicably, 8 of the depotholders were in non-RSDP areas.

Table 5.1a Distribution of Depotholders by Division, RSDP/non-RSDP areas

Division	N	Pct.
Chittagong	47	13.0%
Khulna/Barisal	47	13.0%
Dhaka	115	31.7%
Rajshahi	84	23.1%
Sylhet	62	17.1%
Total RSDP Areas	62	97.8%
Non-Project Areas	8	2.2%

### *General Characteristics*

Table 5.1b summarizes the general characteristics of depotholders' dwellings. The majority of the dwellings have a rudimentary/tin roof (84.2%), and natural (jute/bamboo/mud) or tin walls (90.6%) with a natural (earth/bamboo) floor (96.4%). Over 70% of depotholders have IEC material on family planning and a flipchart.

Table 5.1b: Appearance and Other Characteristics of Depotholders' Houses

Type of assessment	% of Depotholders
Physical characteristics	
Main Material of the Roof	
Natural/Katcha (Bamboo/Thatch)	15.5
Rudimentary/Tin	84.2
Finished(Pukka)– Cement/Concrete/Tiled	0.3
	100.0
Main Material of the Walls	
Natural - Jute/Bamboo/Mud (Katcha)	63.5
Rudimentary/Wood	3.3
Finished – Brick/Cement	5.8
Tin	27.1
Others	0.3
	100.0
Main Material of the Floor	
Natural – Earth/Bamboo (Katcha)	96.4
Rudimentary/Wood	0.6
Finished (Pukka) – Cement/Concrete	3.0
Others	
	100.0
IEC materials available	
Posters/pamphlets for family planning	72.7
Flipchart	75.7
Others	11.9



### *Operations of Depotholders*

According to the survey, depotholders, on average have been working for over 3 years. As shown in Table 5.2, they made over 13 referrals for family planning, over 7 other referrals, earned 93.5 Taka in sales, and 60.9 Taka in referrals, during the previous month.

Table 5.2: Operations of the Depotholders

Characteristics	Mean Value
Length of time working as a depotholder in years	3.0
No. of referrals for family planning made last month	13.1
Number of other referrals made last month	7.1
Earning from the clinic last month in sales (Taka)	93.5
Earning from the clinic last month in referrals (Taka)	60.9

### *Type of Products Distributed by Depotholders*

Table 5.3 provides a summary of the type of products that are distributed by depotholders, quantity and cost, and their experience of shortages in the last 6 months. Almost all depotholders distribute condoms (10.5 units last month), pills (35.3 units last month) and ORS packet (16.7 units last month). The mean price of products ranges from 2.50 to 3.40 Taka. Very few depotholders experienced shortages of products in the last 6 months.

Table 5.3: Type of Products Distributed by Depotholders

Type of products	% Depotholders Distributing	Mean Number of Units Distributed Last Month	Mean Price (Taka)	% of Depotholders Experienced Shortage in the Last 6 Months
Condoms	98.3	10.5	3.0	3.1
Pills	98.9	35.3	2.5	2.8
ORS Packet	97.5	16.7	3.4*	7.1

\*One observation had a value of "100." Mean was calculated without this observation.

### *Supervision*

As indicated in table 5.4, the majority of the depotholders are being supervised by a community mobilizer (75.9%). A high proportion of them have received a supervisory visit or had meetings in the last 2 months (98.3%). The number of times meetings were held with their supervisor during the last 6 months, on average, was 12.8.

Table 5.4: Mode of Supervision

Type of Supervision	% of Depotholders
Supervisor	
Community Mobilizer	75.9
RSDP Field Manager	0.3
Clinic Manager	1.1
Other	22.7
	100.0
Received supervision visit or meetings in the last 2 months	98.3
Number of times meeting held with supervisor in the last 6 months (Mean)	12.8

### *Characteristics of Depotholders*

Table 5.5 provides a summary of the characteristics of depholders. On average, they are 33.5 years in age, and the majority (87.9%) are Muslim. They have completed 6.4 years of schooling, with the majority of them having attended at least primary school, or both primary and secondary school. Very few have attended college/university. The vast majority of the depholders are married (92.5%), and have, on average, 2.9 living children. In addition, the majority of the depholders (73.5%) have received basic training prior to becoming depholders.

Table 5.5: Characteristics of Depotholders – Education, Religion and Marital Status

Characteristics	% of Depotholders
Age (Mean)	33.5
Religion	
Muslim	87.9
Hindu	11.9
Other	0.2
	100.0
Years of schooling (Mean)	6.4
Highest level of school attended	
Primary	44.5
Secondary	55.3
College/University	0.2
	100.0
Marital Status	
Married	92.5
Single/Ever married	3.3
Divorced/Separated	1.9
Widowed	2.2
	100.0
Number of living children (Mean)	2.9
Received Basic/Primary Training before starting work as depholder	73.5